

## USDA-FSA Solano-Napa County

## **County Executive Director** Lynda Janne

1170 N Lincoln St #109 Dixon CA 95620

707-678-4777 phone 707-678-5001 fax www.fsa.usda.gov/ca

#### Hours

Monday - Friday 8:00 AM - 4:30 PM Closed Federal Holidays

### **County Staff**

Laura VanHoose Bonita Nogales Bob Currey Jan Durante



## May 2010

# Napa FSA COC Election

# **2010 FSA County Committee Elections**

The election of agricultural producers to Farm Service Agency (FSA) county committees is important to ALL farmers and ranchers, whether beginning or long estab-lished, with large or small operations. It is crucial that every eligible producer participate in these elections because FSA county committees are a link between the agricultural community and the U.S. Department of Agriculture.

County Committee (COC) members are a critical component of FSA operations. The intent is to have the COC reflect the makeup of the producers and to represent all constituents. This means wherever possible, minorities, women or lower income producers need to be on the committee to speak for these underrepresented groups.

County committees provide local input on:

- Commodity price support loans and payments
- Conservation programs
- Incentive, indemnity and disaster payments for some commodities
- Emergency programs
- Payment eligibility

FSA county committees operate within official regulations designed to carry out federal laws. County committee members apply their judgment and knowledge to make local decisions.

#### **Election Period**

June 15, 2010 – The nomination period begins. Request nomination forms from the local USDA Service Center or obtain online at: <a href="http://www.fsa.usda.gov/Internet/FSA\_File/fsa0">http://www.fsa.usda.gov/Internet/FSA\_File/fsa0</a> 669a\_commiteeelectform.pdf

Aug. 2, 2010 - Last day to file nomination forms (FSA-669A) at the local USDA Service Center.

Nov. 5, 2010 - Ballots mailed to eligible voters.

Dec. 6, 2010 - Last day to return voted ballots to the USDA Service Center.

Jan. 1, 2011 - Newly elected county committee members take office.

#### Who Can Hold Office

To hold office as a county committee member, a person must meet the basic eligibility criteria as follows:

- Participate or cooperate in a program administered by FSA.
- Be eligible to vote in a county committee election.
- Reside in the LAA in which the person is a candidate.

### Causes for ineligibilty:

- Removed or disqualified from the office of county committee member, alternate or employee.
- Removed for cause from any public office or have been convicted of fraud, larceny, embezzlement or any other felony.
- Dishonorably discharged from any branch of the armed services.

**Nominations** To become a nominee, eligible individuals must sign nomination form FSA-669A. The form includes a statement that the nominee agrees to serve if elected. This form is available at USDA Service Centers and online at:

 $\frac{http://www.fsa.usda.gov/Internet/FSA\ File/fsa0669}{a\_committeeelectform.pdf}$ 

Nomination forms for the 2010 election must be postmarked or received in the local USDA Service Center by close of business on Aug. 2, 2010.

Agricultural producers who participate or cooperate in an FSA program may be nominated for the county committee. Individuals may nominate themselves or others as a candidate. Additionally, organizations representing minority and women farmers or ranchers may nominate candidates. Nomination forms are filed in the office that administers the producer's farm records.

## Who Can Vote

Agricultural producers of legal voting age may be eligible to vote if they participate or cooperate in any FSA program. A person who is not of legal voting age but supervises and conducts the farming operations of an entire farm may also be eligible to vote. More information about voting eligibility requirements can be found in the FSA fact sheet titled "FSA County Committee Election - Eligibility to Vote and Hold Office as a County Committee Member." Producers may contact their local USDA Service Center for more information.

FSA-669A (03-24-10)

## U.S. DEPARTMENT OF AGRICULTURE

Farm Service Agency

#### NOMINATION FORM FOR COUNTY FSA COMMITTEE ELECTION

This form allows individuals to nominate themselves or any other person as a candidate. If additional forms are needed, this one may be copied or may be obtained at the County FSA Office or obtained electronically at http://www.sc.egov.usda.gov. Each form submitted must be:

- A. Limited to one nominee.
- B. Signed and dated by the nominee in Item 3. Nominee must sign if willing to have his/her name placed on the ballot and agrees to serve if elected.

Note: Name shown on ballot will appear exactly the same as in Agency records.

- C. Delivered to the County FSA Office or postmarked no later than August 2, 2010.
- D. Signed and dated as a write-in candidate if elected as a member and willing to serve on the COC.

The County FSA Committee is responsible for reviewing each form to determine the eligibility of nominees. A person who is nominated on this form and is found ineligible will be so notified and have an opportunity to file a challenge.

Persons nominated should actively participate in the operation of a farm or ranch and be well qualified for committee work. A producer is eligible to be a County FSA committee member if the producer resides in the Local Administrative Area (LAA) in which the election is to be held and is eligible to vote.

Federal regulations may prohibit County FSA Committee members from holding certain positions in some farm, commodity, and political organizations if such positions pose a conflict of interest with FSA duties. The positions include functional offices such as president, vice president, secretary, or treasurer; and positions on boards or executive committees. Conflict of interest restrictions also apply to employees, operators, managers, and majority owners of tobacco warehouses. Questions concerning eligibility should be directed to the County FSA Office.

A candidate has the option to request that all voted ballots for an individual county committee election be returned to the respective State Office in lieu of being returned to the county office. This request must be in writing and submitted to the local County Executive Director prior to the announced end of the nomination period.

The duties of County FSA Committee members include:

- A. Administering farm program activities conducted by the County FSA Office.
- B. Informing farmers of the purpose and provisions of the FSA programs.
- C. Keeping the State FSA Committee informed of LAA conditions.
- D. Monitoring changes in farm programs.
- E. Participating in county meetings as necessary.
- F. Performing other duties as assigned by the State FSA Committee

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

## FSA-669A (03-24-10)

U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency

	NOMINA	TION FORM	FOR COUNT	Y FSA COMMITTEE ELE	CTION				
NAME OF NOMINEE (Type or Print Nominee's Full Name)			TO BE COMPLETED BY COUNTY FSA OFFICE						
				4. INITIALS OF EMPLOYEE RECEIVING FORM AND DATE RECEIVED					
2. ADDRESS OF NOMINEE				5. COUNTY					
				6. LAA	7. STATE				
3. NOMINE	EE'S CERTIFICATION:			8. NOMINATOR'S CERTIFICATION:					
I hereby agree to have my name placed on the ballot, that I will serve if elected, and if there is a conflict of interest, I will resign such position.				If this nomination is by other than self, the following eligible voter or representative of a community based organization hereby nominates the afore-named person to be a candidate in the next County FSA Committee					
IDO want to witness the settling of tied votes with another nominee.				election for the county.					
IDO NOT want to witness the settling of tied votes with anot   3A. SIGNATURE OF NOMINEE   3B.			another nominee.	8A. SIGNATURE OF NOMINATOR		8B. DATE			
ort. Glorer	TORE OF HOMINEE		ob. brite	over didivitorize of Novimentori					
Check here if nominee is a write-in candidate. (If the individual is self nominating, no signature is require  9. TO BE COMPLETED BY NOMINEE									
VOLUNTARY INFORMATION FOR MONITORING PURPOSES: The following information is requested by the Federal Government in order to monitor FSA's compliance with federal laws prohibiting discrimination against program participants on the basis of race, color, national origin, religion, sex, marital status, handicapped condition, or age. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your nomination or to discriminate against you in any way.									
ETHNICITY			many boxes as applic			<u>GENDER</u>			
Hisna	anic or Latino	American Ind	ian or Alaska Native	Black or African-American		Male			
	Hispanic or Latino	Asian	idii oi Alaska Ivalive	Native Hawaiian or Other Pacifi	c Islander	Female			
		White							
INSTRUCTIONS FOR COMPLETING THIS FORM Complete the form as follows:									
ITEM 1 Type or Print the nominee's full name. The nominee must be:									
<ul><li>A. Eligible to vote in the designated County FSA Committee election.</li><li>B. Eligible to hold the office of County FSA Committee member.</li><li>C. Willing to serve if elected.</li></ul>									
ITEM 2	Enter the nominee's current address.								
ITEM 3 The nominee must check one of the boxes to indicate a preference regarding the settling of tied votes.									
ITEMS 3A &3B The nominee must sign and date.									
ITEMS 8A & 8B The nominator must sign and date. (If the individual is self nominating, no signature is required.)									
ITEM 9 Completing this item is voluntary.									
ALL FORMS MUST BE RECEIVED IN THE COUNTY OFFICE OR POSTMARKED BY AUGUST 2, 2010.									
NOTE:	NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used to obtain nominees for election to the County FSA Committee. The information collected on this form may be disclosed to other Federal. State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for County Personnel Records, USDA/FSA-6. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for nomination for election to the County FSA Committee.								
	According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0229. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.								

Solano-Napa County FSA 1170 N Lincoln St #109 Dixon CA 95620



PRESORTED STANDARD U.S. POSTAGE PAID DAVIS, CA PERMIT #22

The election process for 2010 County FSA Committee Local Administrative Area (LAA) 1 in NAPA county begins June 15. (see page 1)

<u>LAA 1 is delineated as follows</u>: Western portion of Napa county, bordered on the east by Butts Canyon Rd south to Pope Valley Rd, Chiles & Pope Valley Rd, Lower Chiles Valley Rd, Hwy 128, Hwy 121, and Wooden Valley Rd.

Selected Interest Rates for May 2010			Dates to Remember		
Farm Operating - Direct	2.875%		May 31	FSA Office Closed	
Farm Ownership - Direct	5%		July 5	FSA Office Closed	
Farm Ownership - Direct Down Payment, Be-	1.5%		July 15	Deadline for Acreage Reports	
ginning Farmer or Rancher			August 2	Final Date to submit COC	
Emergency	3.75%	5%	August 2	nomination form	

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